

P SITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69107	10/27/01
O.I.P.E. CLASSIFIER		72	10/15
FORMALITY REVIEW		69055	10-25-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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